

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038782

STATE FILE NUMBER

DO NOT WRITE  
OR THIS STUB

AMENDED

Registration District No.

4

Primary Registration District No.

4014

Registrar's No.

103

FILED NOV 12 1963

1. PLACE OF DEATH

a. COUNTY

ATCHISON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

FAIRFAX

Length of stay in 1b

5 weeks

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

COMMUNITY HOSP.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY NODAWAY

c. CITY OR TOWN SKIDMORE

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

5 mi South EAST

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

GEORGE IRA KAUFMAN

4. DATE OF DEATH

Month

Day

Year

NOV. 6, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

8-9-1893

9. AGE (last birthday)

70

10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

FARMING

11. BIRTHPLACE (City and state or country)

NODAWAY Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

FINLEY KAUFMAN

13b. MOTHER'S MAIDEN NAME

ANNA MORRIS

14. NAME OF HUSBAND OR WIFE

ROSA MAY KAUFMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

Yes WWI

16. SOCIAL SECURITY NO.

17. INFORMANT

93 GEORGE IRVIN KAUFMAN - MISSOURI

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral anoxia

INTERVAL BETWEEN ONSET AND DEATH

4 min

DUE TO (b)

Cardiac arrest

4 min

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

Myocardial Infarction

4 min

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Adenocarcinoma of stomach

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 12, 1959 to Nov 6, 1963 and last saw him alive on Nov 6, 1963

Death occurred at 7:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James Humphrey M.D.

22b. ADDRESS

Mound City, Mo.

22c. DATE SIGNED

11/7/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11-9-1963

23c. NAME OF CEMETERY OR CREMATORY

GRAHAM CEMETERY

23d. LOCATION (City, town, or county)

GRAHAM - MISSOURI

(State)

24. FUNERAL DIRECTOR

JAMES H. CRAWFORD MOUND CITY, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

Nov 9, 1963

26. REGISTRAR'S SIGNATURE

Therwin N. DeLoach

(Licensed Embalmers' Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1 0030

2 0742

3

4 0

5 1

6

7 0

8 0

9 4201H

10

11

12 1-0

13 1-0

NOV 19 1963

NOV 14 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed



Licensed Embalmer No. 4796

P. O. Address Mounds City, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.